

Foster Family Home - Corrective Action Report

Provider ID: 1-180008

Home Name: Miriam Viernes, CNA

Review ID: 1-180008-2

94-104 Haaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/29/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/29/19. Corrective Action Report issued during home visit with all items due to CTA by 2/28/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Quality Assurance

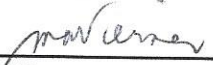
[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - For evacuations, no nearest Medical Support Evacuation Center listed , for this CCFFH.


Compliance Manager


Primary Care Giver

1/29/19
Date

1/29/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MIRIAM A. VIERNES

CCFFH Address: 94-104 HAAA ST. WAIPATHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50.(a)	I have written the location of the nearest evacuation center on my emergency preparedness plan	1/29/19	I will always write or update this location if it changes or if I move.

Primary Caregiver's Signature: *M. A. VERNES*

Print Name: MIRIAM A. VERNES

Date of Signature: 1/29/19